

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 27, 2002

6004-075-3

CSC NETWORKS 700 S 2ND ST SPRINGFIELD, IL 62704

RE STARTEC GLOBAL LICENSING COMPANY

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE LICENSE FOR THE ABOVE NAMED CORPORATION TO TRANSACT BUSINESS IN THIS STATE.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

JESSE WHITE

SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

esse White

JW:CD

OFFICIAL FILE

ILL. C. C. DOCK	(ET NO02	-0330
ALJ	Exhibit No.	
Witness		
Date 7/24/02		

Form BCA-12.45/

13.60

DOMESTIC OR FOREIGN CORPORATIONS

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.ll.us

Payment must be made by certifled check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

APPLICATION FOR REINSTATEMENT

This space for use by Secretary of State

JUN 27 2002

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

6-27-02

Filing Fee

\$ 100.00

Approved: 20

1.	(a)	Corporate name as of the o				or revocation:	
	(b)	Corporate name as change	ed:				_
				,		(Note	1)
	(c)	If a foreign corporation havi assumed corporate name:	-	•		•	the
						(Note	2)
2.	Stat	te of incorporation:Dela	ware				
3.	Date	e that the certificate of disso	ution or revocation	was issue	d: _December	1, 2001	
4.	3) N	ne and address of the Illinois NOTICE! Completion of item k of this form.	#4 does not constitu	ite a regist	tered agent or of	ice change. See note #3	
		Registered Agent	Illinois Cor First Name	<u>porati</u>	iddle Name	Last Name	
		Registered Office	700 South Se	cond S	Street		
				troet	Sulte # (A P.C	D. Box elone is not accepted	ble)
			Springfield,	IL.	62704	Sangamon	
			City		ZIP Code	County	
5.		s application is accompanied nse fee and penalties require		port forms	s together with the	filing fees, franchise taxe	es,
5.		undersigned corporation has ms, under penalties of perjury					
	Date	ed June 17 (Month & Day)	2002 (Year)	Start	ec Global I: (Exact Name)	icensing Company of Corporation)	
	atte	sted by (Signolure of Secretary	Assistant Secretary	_ by	ianature of Preside	nt or Vice President)	
			aniyar, Secre		1	. Pai, Vice Pres	id
		(Type or Print Na			(Type or Print I	lame and Title)	

YEAR OF 2001 File Prior to: 7/1/2001

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION

FILE NO. 6004-075-3

1.) NOTE: A Change in the registered agent end/or registered office may gn/y be effected by filing form BCA-5.10/5.20. If there have been any changes

In items 6, or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

RECEIVED

CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

JUN 2 7 2002

Startec Global Licensing Company c/o Illinois Corporation Service Company 700 South Second Street Springfield, IL

JESSE WHITE SECRETARY OF STATE

Sangamon COUNTY

3a.) State or Country of incorporation: Delaware

3b.) Date Qualified To Do Business in IL:

July 13, 1998

The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME NUMBER & STREET	CITY	STATE	ZIP
President	Ram Mukunda 8906 Durham Drive	Potomac	MD	20854
Secretary	Prabhav V. Maniyar 303 Ainstree Ct.	Vienna	AV	22180
Tressurer	Ram Mukunda			
Director	Ram Mukunda			
Director	i ggs e . Mg			
Sirrotor	Subhash K Pai 8873 Royal Doulton	Fairfax	VA	22031

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUE
common	<u> </u>	\$0.01	100	1

IMPORTANTI Whenever the amount in item 5 or 7s differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of 4-30-0 is:\$ 2525

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 2525

(Peid-in Capital reflects the sum of the stated Capitel and Paid-in eurolus accounts.)

(Any Authorized

Officer's Signature)

RETURN TO: Jesse White Secretary of State

Department of Business Services Springfield, IL 62756 Telephone (217) 782-7808 www.sps.state.il.us

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been exemined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT

SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

File No.

PRESIDENT_

NAME

STREET ADDRESS

CITY

ZIP CODE

SECRETARY _____.

STREET ADDRESS

ZIP CODE

9.	The amounts stated in parts (a) through	(a) below are given for the twelve month period
	ending_December_31	<u>w_20</u> 00

The value of the property (gross sagets)	1 (42 666 00
(a) owned by the corporation, wherever located, was	3 1, 542, 600.00
(b) of the corporation located within the state of Illinois was	\$
The gross amount of business transacted by the corporation	7 366,934,32
The gross amount of business transacted by the corporation (c) everywhere for the above period was	5 /55 /58 /4
(d) at or from places of business in Illinois for the stove period was	8 400,200:24

Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period, (if necessary, attach a second sheet,)

ALLOCATION FACTOR
$$+ b+d = 050530$$
 (Write this figure on line 11b below.)

- 10. (a.) ALL property of the corporation is located in Mnois and ALL business of the corporation is transacted at or from places of business in Illinois
 - (b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total pald-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing To Item 11.

11. ANNUAL FRANCHISE TAX AND FEES (a.) Total Paid-in Capital (Enter emount from Item 7a from the 2525 other side of report. If late, enter the greater of 7a or 7b.)..... 050530 b. (b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) 127.59 (c.) ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)..... 25.00 (d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)..... 2,50 (e1.) If Annual Report is late, multiply line(d2.) by .10e1. (e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month 3.00 late or part thereof (minimum \$1.00) 5.50 e3. (e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.) + 25.00 (f.) ANNUAL REPORT FILING FEE (\$25) (g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) 55.50 + line (o3.) + line (f.)....

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

IMPORTANT!

If there have been changes in item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

YEAR OF 2002

STATE OF ILLINOIS

File Prior to: July 1, 2002

FOREIGN CORPORATION ANNUAL REPORT PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION

FILE NO.

6004-075-3

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6, or 7e: the enclosed BCA-14.30 must be completed and submitted in the same envelope.

CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

RECEIVED

Startec Global Licensing Company c/o Illinois Corporation Service Company 700 South Second Street Springfield, IL

JUN 27 2002

JESSE WHITE COUNTY SECRETARY DEISTATE

State or Country of Incorporation: Delaware

The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Ram Mukunda 8906	Durham Drive	Potomac	ΜD	20854
Secretary	Prabhav V. Maniya	303_Ainstree	Ct. Vienna	_VA	22180
Treasurer	Ram Mukunda				
Director	Ram Mukunda				
Director	*** <u>*</u>				
Dimetor	Subhash K. Pai 8	373 Royal Doulto	on Fairfax	VA	22031

	shares authorized and las			NUMBER ISSUED
CLAS5	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER 1330ED
common		\$0.01	100	
			and the	
······································				

7a.) The amount of paid-in capital as of 4/50/02.

7b.) The Paid-in Capital on record with the Secretary of State is: \$ ____2525

(Paid-in Capital reflects the sum of the stated Capital and Paid-In (.ef nuocos suique

RETURN TO:

Jesse White Secretary of State

Department of Business Services

Springfield, IL 62756 Talephone (217) 782-7808 www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

Linder the penalty of perjury and as an authorized officer, I declars that this annual report, pursuant to provisions of the Business Corporation Act has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT

SECRETARY

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

File No.

PRESIDENT ____

STREET ADDRESS

STATE

ZIP COOE

SECRETARY_

STREET ADORESS

ČITY

STATE

ZIP CODE

	OR 10 (a.) OR 10 (b.) whicheve 's applicable, MUST be completed)		
9.) The endi	amounts stated in parts (a) through (e) below are given for the twelve month pending		
The	value of the property (gross assets)		364 930
(E) owned by the corporation, wherever located, was		364,830
(E	c) of the corporation located within the state of Illinois was		
The	proces amount of business transacted by the connection		
(0	c) everywhere for the above period was	<u>6,6</u>	35,5/2.63
(0	l) at or from places of business in Illinois for the above period was	0	31,331.04
Give	the location of the principal places of business of the corporation in each state where authorized to transact business and the test transacted in each state for the above period, (If necessary, attach a second sheet.)	gross	amount of
ALLOCA	ATION FACTOR = $\frac{b+d}{a+c} = \frac{0.091051}{(6 \text{ decimal places})}$ (Write this figure on line 11b below.)	•	· · · · · · · · · · · · · · · · · · ·
(b.)	 ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted business in Illinois. the corporation ELECTS to pay franchise tax on the basis of 100% of its total Pald-in Capital. 	i at or	from places of
	DCATION FACTOR = 1.00000 (Write this figure on line 11b below.)	٠	
ST	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) COP! Item 9 or 10 must be completed before c TO Item 11.	ont	inuing
ST	COP! Item 9 or 10 must be completed before c	ont	inuing
ST	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) COP! Item 9 or 10 must be completed before c TO Item 11.	-	inuing
ST NNA (.11	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) OP! Item 9 or 10 must be completed before c TO Item 11. UAL FRANCHISE TAX AND FEES Total Paid-in Capital (Enter amount from Item 7a from the		inuing
\$7 11.) ANN (a.)	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) OP! Item 9 or 10 must be completed before c	-	inuing
\$7 (a.) (b.) (c.)	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) TO! Item 9 or 10 must be completed before carrow to line 11b. UAL FRANCHISE TAX AND FEES Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) ILLINOIS CAPITAL (Multiply line (a.) by line (b.) C. 229.90		inuing
\$7 (a.) (b.) (c.) (d1.)	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) TOP! Item 9 or 10 must be completed before carrows to line 11. UAL FRANCHISE TAX AND FEES Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) ILLINOIS CAPITAL (Multiply line (a.) by line (b.) C. 229.90		25.00
(a.) (b.) (c.) (d1.) (d2.) (e1.)	CCATION FACTOR = 1.00000 (Write this figure on line 11b below.) TOP! Item 9 or 10 must be completed before		
(b.) (c.) (d1.) (d2.) (e1.) (e2.)	CCATION FACTOR = 1.0000 (Write this figure on line 11b below.) OP! Item 9 or 10 must be completed before carbon to Item 11. UAL FRANCHISE TAX AND FEES Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) ILLINOIS CAPITAL (Multiply line (a.) by line (b.) Multiply line (c.) by .001 (Round to nearest cent) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25) If Annual Report is late, multiply line (d2.) by .10 If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month	d2.	
(b.) (c.) (d1.) (d2.) (e1.) (e2.)	COATION FACTOR = 1.00000 (Write this figure on line 11b below.) TOP! Item 9 or 10 must be completed before Carolitem 11. UAL FRANCHISE TAX AND FEES Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above) ILLINOIS CAPITAL (Multiply line (a.) by line (b.) Multiply line (c.) by .001 (Round to nearest cent) ANNUAL FRANCHISE TAX (Enter amount Irom line (d1.), but not less than \$25) If Annual Report is late, multiply line (d2.) by .10 If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00).	d2.	

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (PLACE CORPORATE FILE NUMBER ON CHECK.)

IMPORTANT!

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